



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 3948

Bib Data Sheet

| | | | | |
|------------------------------------|--|---------------------|-------------------------------|--|
| SERIAL NUMBER 10/721,743 | FILING OR 371(c) DATE 11/26/2003 RULE 1.47 | CLASS 705 | GROUP ART UNIT 3622 | ATTORNEY DOCKET NO. 82001-0397 |
|------------------------------------|--|---------------------|-------------------------------|--|

APPLICANTS
 Dean Weldon Boyd, Cottage Grove, OR;
 Prashandt Narayan Balepur, San Jose, CA;
 Henry Frederick Schwarz, Foster City, CA;
 Philip David Reginald Apps, Residence Not Provided;
 Ravishankar Venkata Nandiwanda, Residence Not Provided;
 Brian Lawrence Monteiro, Residence Not Provided;
 Thomas Edward Guardino, Residence Not Provided;
 Mark Cooke, Residence Not Provided;

**** CONTINUING DATA *******
 This application is a CIP of 09/987,706 11/15/2001
 which claims benefit of 60/249,057 11/15/2000
 This application 10/721,743
 claims benefit of 60/428,912 11/26/2002

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 02/24/2004**

| | | | | |
|--|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY OR | SHEETS DRAWING 17 | TOTAL CLAIMS 14 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

ADDRESS
24633

TITLE
Configurable pricing optimization system

| | | |
|-----------------------------------|---|---|
| FILING FEE RECEIVED 900 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------------|---|---|